



# 2023-2024 DEPENDENT VERIFICATION WORKSHEET

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You were selected for a review process called Verification. Information on this form will be compared to the information you originally reported on your FAFSA/CA DREAM ACT APPLICATION. If there are differences, your information may need to be corrected. You and a parent whose information was reported on the FAFSA/CA. DREAM ACT APPLICATION must complete and sign this form. Submit this form and all required documents to us as soon as possible so that your financial aid will not be delayed. Additional documents may be requested after you submit this form. Incomplete worksheets will not be accepted.

Student's Name: \_\_\_\_\_ Student ID \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## HOUSEHOLD SIZE VERIFICATION

List the people your parent/step-parent(s) will support between July 1, 2023, and June 30, 2024 below. If you need more space attach a separate page. Include:

- **Yourself**, even if you don't live with your parents.
- **Your parent(s)** (including stepparent) even if you don't live with your parents. If you reported your parents as single, divorced, separated, or widowed on the FAFSA/CA DREAM ACT APPLICATION you only list the parent whose information you reported on the FAFSA/CA DREAM ACT APPLICATION.
- **Your parent(s) other children** if your parent(s) will provide more than half of their support from July 1, 2023, through June 30, 2024. Or if they would be required to provide parental information if they were fill out a FAFSA/CA DREAM ACT APPLICATION for themselves. Include unborn children who will be born before June 30, 2024.
- **Other people** if they now live with your parents and your parents provide more than half of their support AND will continue to provide more than half of their support from July 1, 2023, through June 30, 2024.

If any household member (besides you and your parent(s)) will be attending college at least half-time between July 1, 2023, and June 30, 2024, and will be enrolled in a degree, diploma or certificate program, list the name of the college they are attending below.

Full Name	Age	Relationship to Student	Name of College

Check this box if someone listed in the household size above received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during 2021 or 2022.

Check this box and complete this section if one of your parent(s) listed in the household size above paid child support during 2021:

Name of parent who paid child support:	Name of person towhom child support was paid:	Name of child forwhom support waspaid:	Total amount of child support paid in 2021
			\$
			\$
			\$
			\$

Student's Name: \_\_\_\_\_

Student's ID # \_\_\_\_\_

**STUDENT INCOME INFORMATION**

**Check the box that applies:**

- I filed taxes and have used the IRS Data Retrieval Tool to retrieve and transfer my 2021 IRS income information into the FAFSA/CA DREAM ACT APPLICATION.
- I filed taxes and am unable to use the IRS Data Retrieval Tool on my FAFSA/CA DREAM ACT APPLICATION. Attached is a copy of my **2021 IRS tax return transcript**.
  - To obtain an IRS tax return transcript, go online to [www.irs.gov](http://www.irs.gov) or call 1-800-908-9946; photocopied tax returns are no longer accepted. You will need your Social Security Number and the address on file with the IRS to request a transcript.
- I was employed in 2021 and did not file taxes.
  - Please attach all copies of your 2021 IRS W-2 forms issued by your employer(s). If more space is needed a separate page with your name and school ID number at the top of the page.

**If you earned wages in 2021, list all income earned below. List every employer even if they did not issue an IRS W-2 form.**

Employer's Name	2021 Amount Earned
	\$
	\$
	\$

I was not employed and had no income earned from work in 2021.

**PARENT(S) INCOME INFORMATION**

**Check the box that applies:**

- My parent(s) filed taxes and have used the IRS Data Retrieval Tool to retrieve and transfer their 2021 IRS income information into the FAFSA/CA DREAM ACT APPLICATION.
- My parent(s) filed taxes and are unable to use the IRS Data Retrieval Tool on my FAFSA/CA DREAM ACT APPLICATION. Attached is a copy of my parents **2021 IRS tax return transcript**.
  - To obtain an IRS tax return transcript, go online to [www.irs.gov](http://www.irs.gov) or call 1-800-908-9946; photocopied tax returns are no longer accepted. You will need your Social Security Number and the address on file with the IRS to request a transcript.
- My parent(s) was employed in 2021 but did not file taxes.
  - Please attach copies of all 2021 IRS W-2 forms issued to them by their employer(s). If more space is needed, attach a separate page with your name and school ID number at the top of the page.

**If your parent(s) earned wages in 2021, list all income earned below. List every employer even if they did not issue an IRS W-2 form.**

	Which parent earned this income?	Amount earned:
	Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/>	\$
	Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/>	\$
	Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/>	\$
	Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/>	\$

My parent(s) was not employed and had no income earned from work in 2021.

Student's Name: \_\_\_\_\_

Student's ID# \_\_\_\_\_

**ADDITIONAL INCOME AND ASSET INFORMATION**

DO NOT LEAVE THIS SECTION BLANK. Enter YEARLY amount for 2021 OR \$0 if none.	STUDENT	PARENT(S)
Child Support RECEIVED – DO NOT include foster care payments	\$	\$
Payments to tax-deferred pension and savings plan (paid directly or withheld from earnings) including amounts reported on the W-2 in box 12a through 12d codes D, E, F, G, H, and S	\$	\$
Housing, food, or other allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study allowances	\$	\$
Non-Federal Disability Benefits, Untaxed Pensions or Workers Compensation (Do not include any type of Social Security Benefits)	\$	\$
Unemployment benefits that were not reported on your tax return	\$	\$
Any money given to you by someone else (for bills, rent, utilities, etc.)	\$	\$
As of the date you filed your FAFSA, what was the total balance of your CURRENT cash, savings and checking accounts?	\$	\$
As of the date you filed your FAFSA, what was the net worth of your investments, including real estate*? Value minus debts related to the investments = NET WORTH. <b>*DO NOT INCLUDE THE VALUE OF THE HOME YOU LIVE IN.</b>	\$	\$
As of the date you filed your FAFSA, what was the net worth of your farm, including market value of land, buildings, machinery, equipment, inventory, etc.? Value minus debt for which the farm was used as collateral = NET WORTH. <input type="checkbox"/> Check here if your family lives on <i>and</i> operates the farm	\$	\$
As of the date you filed your FAFSA, what was the net worth of your business, including market value of land, buildings, machinery, equipment, inventory, etc.? Value minus debt for which the business was used as collateral = NETWORTH. <input type="checkbox"/> Check here if your business is owned & controlled by your family and has fewer than 100 employees	\$	\$

**SUPPORT CERTIFICATION**

Complete this section if your parent's income reported on this form is less than \$5,000. In the box below, explain how your parent(s) met their monthly expenses; low income housing, SNAP, cash aid, social security benefits, etc.

**REQUIRED SIGNATURES**

*By signing below, I (we) certify the information reported on this worksheet is complete and accurate. If asked by the college, I (we) agree to provide proof of any information reported on this form or on my FAFSA/CA DREAM ACT APPLICATION. I (we) realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my financial aid. I (we) also understand if we purposely give false or misleading information I (we) may be fined up to \$20,000, sentenced to jail, or both.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_